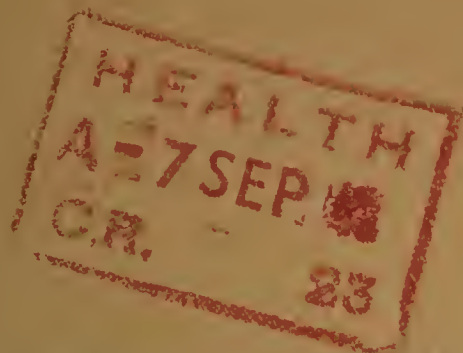




RURAL DISTRICT OF
MARLBOROUGH AND RAMSBURY



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND OF THE

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR

1960

EAST WILTS UNITED DISTRICTS
MARLBOROUGH M.B.
MARLBOROUGH AND RAMSBURY R.D., PEWSEY R.D., AMESBURY R.D.

*With the Compliments
of the
Medical Officer of Health*

XXXXXXXXXXXXX.
1 The Green,
Marlborough

Tel. Marlborough 487

RURAL DISTRICT OF
MARLBOROUGH AND RAMSBURY

ANNUAL REPORT

OF THE

Medical Officer of Health

INCORPORATING THE REPORT OF THE

Chief Public Health Inspector

FOR THE YEAR

1960

TO THE CHAIRMAN AND COUNCILLORS OF THE RURAL DISTRICT.

Madam Chairman, My Lord, Ladies and Gentlemen

In the absence of a Medical Officer of Health of your own I have the honour to present the Annual Report on the public health of the District during 1960. Since your previous Medical Officer of Health, Dr. Roderick Mackay retired at the end of March, the appointment has been vacant, but from April 11th to September 30th I was asked to work as Acting M.O.H. to the East Wilts Combined Districts, hence my responsibility for submitting this report to you. The report follows the recommendation of the Ministry of Health Circular No. 1, 1961.

The report of the Chief Public Health Inspector, Mr. K. F. Hudson, is incorporated, and provides detailed information in regard to environmental public health in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, particularly Mr. K. F. Hudson, and of colleagues in other departments of the Council during my period as Acting M.O.H. which was a most interesting and happy one. I also thank most gratefully my Medical Nursing colleagues, the local General Medical Practitioners and Health Visitors, and Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory for their invaluable and friendly co-operation. Finally, I wish to thank Miss Grace Boswell, clerk to the Marlborough Joint M.O.H. Office, who has undertaken much of the detailed arithmetical work concerned with the preparation of this report.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health, South Wilts District.

26th May, 1961.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report :

1. *In the " Vital Statistics " section*

- (1) Satisfactory general Rate of Statistics
- (2) A fairly satisfactory Infant Morality Rate of 23.7
- (3) Negative Tuberculosis Mortality Rate and Negative Maternal Mortality Rate
- (4) Eight deaths from Lung Cancer
- (5) Three deaths from Motor Vehicle Accidents
- (6) No deaths from Communicable Diseases
- (7) Heart and other Circulatory diseases contribute to more than half the total death rate, and (with cancer second) contribute the principal epidemic killing diseases, partially preventable or postponable.

2. *In the " Communicable Disease " section*

A very low rate of notifiable communicable diseases ; only 2.5 per 1,000 population

3. *In the " Environmental Public Health and Food " section*

- (1) Generally the bacteriological quality of the public drinking water supplies were good during the year, but more information is needed about the amount of flouride content present in the water. This is referred to more fully in the section on water supplies later in this report.
- (2) A sewerage scheme for the village of Great Bedwyn was begun during the year. In November the first Hairdresser's establishment in the district was opened — for males only.
- (3) There is still an unfulfilled need for more housing accommodation in the District. At the end of the year there were still 120 families or applicants on the Council's waiting list for homes.

The District will greatly miss Dr. Roderick Mackay, who retired as Medical Officer of Health on 31st March, and went to Scotland, so will I as a colleague who has worked closely with me in a mutual deputising arrangement ; and as a friend.

F. JOHN G. LISHMAN

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	RODERICK MACKAY, M.D., D.P.H., retired 31st March, 1960
Address	Office, 1 The Green, Marlborough
Chief Public Health Inspector	KENNETH HUDSON, M.A.P.H.I., A.R.S.H.
Additional Public Health Inspector	D. E. ROSS, M.A.P.H.I.
Rodent Officer	M. W. WELCH
Clerk (R.D.C. Office)	MRS. R. JOHNSTON
Clerk (M.O.H. Office)	MISS G. M. BOSWELL

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Borough of Marlborough, Amesbury R.D.C., and Pewsey R.D.C., linked under the East Wilts Joint M.O.H. Committee, also Medical Officer of Health for the Wiltshire County Council. (Four elevenths of the salary for the Joint appointment is allocated to the Wiltshire County Council).

GENERAL ADMINISTRATION DURING THE YEAR

Other than the temporary arrangement to carry on in skeleton form, the work of the Medical Officer of Health since April, there was no change.

GENERAL STATISTICS

Number of Parishes	....	....	....	....	....	....	25
Area in Acres	....	....	....	....	....	....	94,510
Population (1951 Census)	....	....	....	....	....	....	11,005
Population mid-year Estimate	....	....	....	....	....	....	10,360
Density of population (people per acre)	....	....	....	....	....	....	8.5
Number of inhabited houses or flats	....	....	....	....	....	....	3259
Number of houses or flats owned by the Council	....	....	....	....	....	....	594
Number of applications for Council Housing at end of year on waiting list	....	....	....	....	....	....	120
Rateable Value	....	....	....	....	....	....	£83,690
Product of a Penny Rate	....	....	....	....	....	....	£321

VITAL STATISTICS

In accordance with the request of the Ministry of Health additional statistics of infants and mothers have been recorded and the former Tables I and III recast into an enlarged Table I.

TABLE I
BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

					Male	Female	Total
Live Births	....	....	Legitimate	....	86	75	161
			Illegitimate	....	4	4	8
			Total	....	90	79	169
Crude Live Birth Rate per 1000 population	....						16.3
Comparability Factor for Births	....	....					1.2
Standardized Live Birth Rate	....	....					19.5
					Male	Female	Total
Still Births	....	....	Legitimate	....	1	1	2
			Illegitimate	....	0	0	0
			Total	....	1	1	2
Total Live and Still Births	....	....			91	80	171
Still Birth Rate per 1000 Live and Still Births							11.7
					Male	Female	Total
Infant Deaths	....	....	Legitimate	....	3	1	4
			Illegitimate	....	0	0	0
			Total	....	3	1	4
Infant Mortality Rate per 1000 Live Births							
			Legitimate	....			23.7
			Illegitimate	....			0.0
			Total	....			23.7
For Comparison I.M.R. Wiltshire (1959)	....						20.97
I.M.R. England & Wales (1959)							22.0
					Male	Female	Total
Neonatal (First four weeks) Deaths							
			Legitimate	....	2	0	2
			Illegitimate	....	0	0	0
			Total	....	2	0	2
Neonatal Mortality Rate	....	....					12.0
Perinatal (First week) Deaths							
			Legitimate	....	0	0	0
			Illegitimate	....	0	0	0
			Total	....	0	0	0
Perinatal Mortality Rate	....	....					0.0
Illegitimate Live Births per cent of Total Live Births	....	....					5%
Maternal Deaths (including abortion)	....						0
Maternal Mortality Rate per 1000 Live and Still Births	....	....					0.0
Legitimate I.M.R.	—		Leg. deaths under 1 year				
			Leg. live births				
Illegitimate I.M.R.	—		Illeg. deaths under 1 year				
			Illeg. live births				

Comparability Factor for Births

This standardizes or compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales ,and with similarly adjusted birth rates in other areas.

Comment

The infant mortality rate is slightly over the National average, and rather more over the Wiltshire average. With a relatively small number of annual births, such as must be expected in a Rural District of this size, each infant death that occurs makes a big difference to the I.M.R. Acutally, only four infant deaths occurred during the year, and three of these were due to congenital malformations, so that death was probably either inevitable or not to be regretted unduly. Half the infant deaths occurred during the first four weeks of life, but none during the first week.

TABLE II
DEATHS AND DEATH RATE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of Deaths 	63	50	113
Crude Death Rate per 1000 population 			10.9
Comparability Factor for Deaths 			0.98
Death Rate as Standardized by Comparability Factor 			10.6
Death Rate for Wiltshire, Standardized (1959) 			10.6
Death Rate for England and Wales (1959) 			11.6

Comment

As will be seen, the local death rate, when “standardized” for age and sex constitution of the local population, was identical as to the previous years Wiltshire death rate, and 1% below the corresponding National rate.

NATURAL INCREASE

Increase of Live Births over Deaths for the year 	48
Rate of Natural Increase per 1000 population 	4.6

TABLE III

Certain Specific Death Rates in Inverse “Health Index” Value
(Rates per 1000 population except for Maternal Rate)

(1) Deaths due to Tuberculosis (all forms) 	Nil
Tuberculosis Death Rate 	0.0
Deaths due to Respiratory Tuberculosis 	Nil
Respiratory Tuberculosis Death Rate 	0.0
Previous years Respiratory Tuberculosis Death Rate (Wiltshire) 	0.05
Previous years Respiratory Tuberculosis Death Rate (England and Wales) 	0.09

(2)	Maternal Deaths (due to Pregnancy, Childbirth, Abortion)	Nil
	Maternal Mortality Rate per 1000 live and still births	0.0
	Previous years Maternal Mortality Rate (Childbirth, Abortion, Pregnancy) Wiltshire for comparison	Nil
(3)	Deaths from Cancer and related malignant diseases	21
	Deaths from Lung Cancer	8
	Specific Death Rate from Cancer	2.0
	Specific Death Rate from Lung Cancer....	0.8
	Previous years Death Rate from Cancer (all forms) Wiltshire	1.75
	Previous years Death Rate from Cancer (all forms) England and Wales	2.14
	Previous years Death Rate from Lung Cancer, Wiltshire	0.35
	Previous years Death Rate from Lung Cancer (England and Wales)	0.46
(4)	Deaths from Heart Disease and other Diseases of the circulatory system	65
	Coronary Disease only	16
	Specific Death Rate from Heart Disease and other Diseases of the circulatory system	6.2
	Coronary disease only	1.5
(5)	Deaths from Accidents and Violence	3
	Specific Death Rate from Accidents and Violence	0.3

Comment

It is very satisfactory to report the “ nil ” tuberculosis and maternal specific death rate. But the large proportion of deaths from lung cancer among those from all forms of cancer, eight out of twenty-one—38% is disturbing. In the East Wilts area for while I am M.O.H. every death from Lung Cancer is followed up by an enquiry for smokers. In nearly every case the deceased has been a heavy smoker. No such association has been found when following up the smoking habits of those who died from Stomach Cancer, or from Coronary Thrombosis. Deaths from the other forms of circulatory diseases make up for more than half of the total death rate, they with cancer contribute the main epidemic diseases now afflicting the modern society.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to “ grouping ” the causes of death together in “ families ” or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General’s annual table for this district into seven groups, labelled “ A ” to “ G ” as set out in Table IV.

TABLE IV
ANALYSIS OF CAUSES OF DEATH
GROUP A: CERTAIN COMMUNICABLE DISEASES

					<i>Rate</i>		
					<i>Male</i>	<i>Female</i>	<i>Total per 1000</i>
1	Tuberculosis—Respiratory	....	....	....	0	0	0.0
2	Tuberculosis—Other	....	....	....	0	0	0.0
3	Syphilitic Diseases	....	....	....	0	0	0.0
4	Diphtheria	....	....	....	0	0	0.0
5	Whooping cough	....	....	....	0	0	0.0
6	Meningococcal infections	....	....	....	0	0	0.0
7	Poliomyelitis	....	....	....	0	0	0.0
8	Measles	....	....	....	0	0	0.0
9	Other infections and parasitic diseases (other than influenza and pneumonia)				0	0	0.0
Total Group A					0	0	0.0

GROUP B: CANCER AND RELATED MALIGNANT DISEASES

					<i>Rate</i>		
					<i>Male</i>	<i>Female</i>	<i>Total per 1000</i>
10	Malignant neoplasms	Stomach	....	....	2	0	0.2
11		Lung or bronchus	....	....	7	1	0.8
12		Breast	....	....	0	3	0.3
13		Uterus	....	....	0	2	0.2
14	Other malignant neoplasm	or lymphatic	....	....	2	3	0.5
15	Leukaemia or aleukaemia		....	....	0	1	0.1
Total Group B					11	10	2.0

GROUP C: DIABETES

					<i>Rate</i>		
					<i>Male</i>	<i>Female</i>	<i>Total per 1000</i>
16	Diabetes	....	....	....	1	1	0.2
Total Group C					1	1	0.2

GROUP D: HEART AND OTHER DISEASES OF CIRCULATORY SYSTEM

					<i>Rate</i>		
					<i>Male</i>	<i>Female</i>	<i>Total per 1000</i>
17	Vascular lesions of nervous system	....	....	....	10	8	1.7
18	Coronary disease or Angina	....	....	....	11	5	1.5
19	Hypertension with Heart disease	....	....	....	0	1	0.1
20	Other Heart Disease	....	....	....	10	13	2.2
21	Other circulatory diseases	....	....	....	3	4	0.7
Total Group D					34	31	6.2

GROUP E : RESPIRATORY DISEASES (OTHER THAN TUBERCULOSIS)

					<i>Rate</i>			
					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>per 1000</i>
22	Influenza	....	....	....	0	0	0	0.0
23	Pneumonia	....	....	....	4	2	6	0.6
24	Bronchitis	....	....	....	2	0	2	0.2
25	Other diseases of Respiratory system				1	0	1	0.1
Total Group E					7	2	9	0.9

GROUP F : MISCELLANEOUS

					<i>Rate</i>			
					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>per 1000</i>
26	Ulcer of Stomach and Duodenum	....			2	0	2	0.2
27	Gastritis; Enteritis, Diarrhoea	....			0	1	1	0.1
28	Nephritis and Nephrosis	....	....		0	0	0	0.0
29	Hyperplasia of prostate	....	....		1	0	1	0.1
30	Pregnancy, Childbirth, Abortion	....			0	0	0	0.0
31	Congenital Malformations	....	....		1	2	3	0.3
32	Other defined and ill-defined diseases				3	3	6	0.6
Total Group F					7	6	13	1.2

GROUP G : ACCIDENTS AND VIOLENCE

					<i>Rate</i>			
					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>per 1000</i>
33	Motor vehicle accidents	....	....		3	0	3	0.3
34	All other accidents	....	....		0	0	0	0.0
35	Suicide	....	....		0	0	0	0.0
36	Homicide and operations of war	....			0	0	0	0.0
Total Group G					3	0	3	0.3
37	All Causes	....	....		63	50	113	10.9

Comment on Table IV

Comments on cancer, especially lung cancer deaths, and deaths from coronary thrombosis and other circulatory diseases have already been made under Table III. Other sections of Table IV, the three deaths from motor vehicle accidents, and the absence of any deaths from suicide, are worthy of mention. Also the absence of any deaths from communicable diseases.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the "indices" of the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method

every few years. As long as this method of protection against specific communicable diseases is not allowed to obscure the wider general measures for the promotion of health — good nutrition, housing, education, interesting occupation and creative use of leisure time — its gradual development and multiplication is all the good. The longest establishment, and so far, most proven successful and lasting artificial immunisations are those against smallpox and diphtheria. In more recent years protection against whooping cough (partial), against poliomyelitis, and for the last year tetanus, have been accepted as normal practice. For Wiltshire the Wiltshire County Council, as local Health Authority under the National Health Service, operates in this District a scheme for protection against these five diseases. Smallpox immunisations are done by the family doctors under the National Health Service for the County Council, the other immunisations either by the family doctors or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools or village halls. Poliomyelitis immunisation; using parenteral inoculation, began during 1956, has been greatly increased in subsequent years, now being made available for people up to 40 years old, or in certain occupations without age limit. Most of these inoculations are done by County Council Medical staff, including the M.O.H., though some general medical practitioners also undertake this work. In this area, all the immunisations are still carried out by doctors, the practice of employing public health nurses (health visitors, or specially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, smallpox, whooping cough and poliomyelitis in the District.

TABLE V—*IMMUNISATION STATISTICS*
(A and B) DIPHTHERIA AND WHOOPING COUGH

<i>Age Group</i>		<i>under</i> 1	1	2	3	4	5-9	10-14	<i>Total</i> <i>under</i> 15
Primary Imms : completed during 1960	Diph :	63	39	—	9	—	18	4	133
	Wh/c. :	63	36	—	8	—	4	1	112
Reinf. injs. : administered during 1960	Diph :	—	4	—	58	—	92	4	158
	Wh/c.	—	3	—	49	—	33	2	87
Total immunised child population at 31st Dec., 1960	Pre 1.1.56	—	—	—	—	—	293	708	1001
	Post. 1.1.56	49	117	125	116	135	551	161	1254

(C) SMALLPOX

<i>Age Group</i>	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Primary Immunisations	87	15	2	5	1	110
Re-immunisations	—	1	2	—	19	22

(D) POLIOMYELITIS

<i>Persons born in</i>	<i>1943 to 1960</i>	<i>1933 to 1942</i>	<i>Before 1933 under 40 years of age</i>	<i>Others Priority</i>	<i>Total</i>
Partially Immunised (2 injections to date)	191	90	238	10	529
Three injections	513	394	88	85	1080

Comment

Expectant mothers immunized are included in the “others” group, since as from the time the maximum age for immunisation was raised to 40, it was not possible to keep separate figures for expectant mothers.

The precise number of children under 15 years of age in the district is not known (except at census time) but in a population of average age distribution and average birth and death rates, we must expect population of age, birth to 14 full years (under 15) of about one-fifth or 20% of the total “all age” population. Wiltshire Rural Districts usually have a slightly higher birth rate and lower death rate than the National average, so one can safely assume that at least one-fifth of the total census population of 11,005 are children under 15 years of age. On the basis of this estimate there would be at least 2,200 children under 15 in the District and the total of 2,255 children under 15 immunised against diphtheria at some time is therefore perhaps too good to be true, perhaps some are duplicated. A proportion of these are also immunized against whooping cough. But still an insufficient proportion of children were immunised against diphtheria during their first year of life (as in previous years), 126 children as compared with 169 live births.

Table V shows up a poor position in regard to smallpox immunisation (so called vaccination) for although 87 children under one year of age were immunised the total “vaccinations” and re-“vaccinations” added together for all other ages, only amounted to 45. In these times when the speed of air travel allows people infected with smallpox

abroad to keep well on the journey, but develop the disease after arrival in this country, instead of on a ship. The low level of protection against smallpox, as recorded in recent years in the District is disturbing. It would be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries were put into force for entry into Great Britain.

Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise only those diseases which are compulsorily “notifiable” under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

But it is important to note that certain common communicable diseases such as influenza, rubella and mumps and also venereal diseases and infective hepatitis (jaundice) because they are not generally “notifiable” cannot be included in this table in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included for many minor cases may never have a doctor called to them, and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough for example may occur, but not be notified.

It must now be appreciated that, as a cause of epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of “infectious disease” as prime epidemic culprits. Public Health workers have now to tackle this great trio of killers with the same energy as they used to tackle the now weakening group of “communicable” diseases. The effort to persuade people to reduce tobacco smoking is one example of modern epidemiology in the public health service; flouridation of water supplies, where these are too weak in actual flouride, is another — to reduce dental decay.

TABLE VI
NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

				Total Sub	(main disease)	Group Total
I	<i>Tuberculosis</i>					
	(a)	Respiratory	....	....	....	2
	(b)	Meninges and nervous system	....	....	....	0
	(c)	Other forms	....	....	....	1
	(d)	Group Total	....	....	....	3
						3
2	<i>Other Respiratory notifiable diseases</i>					
	(a)	Whooping cough	....	....	....	3
	(b)	Pneumonia	....	....	....	3
	(c)	Group Total	....	....	....	6
						6

						<i>Total</i> <i>Sub (main disease)</i>	<i>Group</i> <i>Total</i>
3	<i>Diphtheria</i>						0
4	<i>Meniingococcal infection</i>						0
5	<i>Virus diseases of nervous system</i>						
	(a) Poliomyelitis	paralytic	....	0			
	(b) Poliomyelitis	non-paralytic	....	0			
	(c) Poliomyelitis	Total	....		0		
	(d) Encephalitis	infective	....	0			
	(e) Encephalitis	post infectious	....	0			
	(f) Encephalitis	Total	....		0		
	(g) Group Total		....				0
6	<i>Other notifiable virus diseases</i>						
	(a) Measles	....	....			12	
	(b) Smallpox	....	....			0	
	(c) Group Total	....	....				12
7	<i>Alimentary infection or poisons</i>						
	(a) Dysentery	bacterial	....	1			
	(b) Dysentery	other	....	0			
	(c) Dysentery	Total	....		1		
	(d) Typhoid fever	....	....	0			
	(e) Paratyphoid fever	....	....	0			
	(f) Food poisoning	....	....	0			
	(g) Group Total	....	....				1
8	<i>Streptococcal Group</i>						
	(a) Scarlet fever	....	....			2	
	(b) Erysipelas....	....	....			0	
	(c) Group Total	....	....				2
9	<i>Miscellaneous Groups</i>						
	(a) Puerperal pyrexia	....	....			2	
	(b) Ophthalmia neonatorum	....	....			0	
	(c) Other notifiable diseases (brucellosis)					1	
	(d) Group Total	....	....				3
10	<i>All Notifiable Diseases</i>	Total	....				27
11	<i>Rate per 1000 population</i>	....	....				2.5

Comment

A general notification Rate of 2.5 per 1000 population is satisfactorily low. Nearly half of the notifications were measles; but there was one notification of brucellosis, the most serious of the 27 total cases notified.

TABLE VI (a)
FOOD POISONING

(Salmonella Infections that are not considered to be food borne are not included under items (2), (3), or (4), but are shown separately under item (5))

2 (a) FOOD POISONING NOTIFICATIONS (CORRECTED) AS RETURNED
TO THE REGISTRAR GENERAL

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	Nil

(b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	Nil

(c) SYMPTOMLESS EXCRETERS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	Nil

Note : Symptomless excreters are not regarded as cases.

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	Nil

3 PARTICULARS OF OUTBREAKS

<i>Agent</i>	<i>Family Out-breaks</i>	<i>Other Out-breaks</i>	<i>Notified</i>	<i>Otherwise ascertained</i>	<i>Total No. of Cases</i>
Agent identified					
(a) Chemical Poisons					
(b) Salmonella					
(c) Staphylococci (including toxin)	—	—	—	—	Nil
(d) Cl. botulinum					
(e) Cl. Welchie					
(f) Other bacteria					
Totals	—	—	—	—	Nil
Agent not identified	—	—	—	—	Nil

4 SINGLE CASES

<i>Agent</i>	<i>No. of cases</i>		<i>Total No. of cases</i>
	<i>Notified</i>	<i>Otherwise ascertained</i>	
Agent identified			
(a) Chemical poisons			
(b) Salmonella			
(c) Staphylococci (including toxin)	Nil	Nil	Nil
(d) Cl. Botulinum			
(e) Cl. welchie			
(f) Other bacteria			
Agent not identified			

5 SALMONELLA INFECTIONS NOT FOOD BORNE

	<i>outbreaks</i>			<i>Total No. of cases out-breaks and single cases</i>
		<i>No. of cases</i>	<i>single cases</i>	
Salmonella type	Family	Other (outbreaks)		
Totals	Nil	Nil	Nil	Nil

Comment

This table is a return required by the Ministries of Health and of Agriculture, Fisheries and Food; so is included in this report in spite of it being this year fortunately a “ nil ” return.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised auxiliary services such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the Care and after Care Service, which is largely concerned with tuberculosis people, their families and other contacts, and with Chronic Sick and Aged people, outside hospitals.

The Medical Officer of Health spends about one third of his day-time working hours working simultaneously for the County Council, principally with the School Health Services at Child Health Clinics and at Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the annual reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The School Health care and Special Educational needs of handicapped children also comes under the Wiltshire School Health Services.

SCHOOL PREMISES

The hygiene of school premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

The coming into operation at the end of 1955 of the Food Hygiene Regulations, 1955, brought about considerable improvement in these meal facilities, and set new standards of conduct for personnel.

HANDICAPPED ADULTS

The social care of handicapped adults, including the blind and deaf, and of old people, comes under the County Council services. But the Local Authority has obligation in regard to their housing, and certain powers under Section 47 of the National Assistance Act. The Rural District Council has also delegated its powers, as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health to act on his own authority in emergency for a period of up to one month's detention in hospital or a home.

The Acting Medical Officer of Health saw several old people to a greater or less extent needing care and attention, with a view to action under the Act. In all cases, however, removal to an institution was either unnecessary, or if necessary was arranged without using compulsory powers.

In one case, representation to the hospital admission authorities by the Medical Officer of Health, indicating that he would have had to obtain a magistrates' order for the patient's admission, but that the patient agreed to go voluntarily, resulted in a bed being given by the hospital, when previously the General Medical Practitioner had been unable to obtain one.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment (including housing) and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such

influences as housing, a water supply containing the necessary impurities for promoting health but free from harmful bacteria and other agents, safe (but preferably not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity and quality from adulteration or infection of food supplies, including especially such universal and basic foods as bread, milk and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed, including school and other canteens, public restaurants, hotels and public houses. The toilet shops such as hairdressers and beauty cultivators may also influence health. Avoidence of certain adverse habits, such as excessive tobacco smoking and chronic alcoholism, is also important.

Some of these matters are reported upon in detail in the report of the Chief Public Health Inspector, which is incorporated in this annual report. Brief comments on the following matters are, however, made in this section of the report.

I HOUSING

As stated in previous reports, within the limits of climate, geography and type of locality (e.g. agriculture as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with in-laws, adjacent to noisy neighbours, over and over again are found to be at the back of peoples worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved by more people. The extent of the housing problem cannot be measured only by the size of the Local Authority's waiting list of applicants for Council Houses or Flats, though these are big enough. Many people are living in unsuitable accommodation who have not applied for Council Housing, but at the end of the year there were still 120 actual applicants for Council housing on the waiting list.

Improvement Grants

Discretionary and Standard Grants in respect of 45 dwellings were made during the year. These Standard Grants are largely concerned with provision of baths and water closets so a substantial increase is to be expected in future years, especially as more public sewage schemes are developed. The amount of work falling on the Public Health Inspector in connection with these Improvement Grants is very heavy, but their value is great.

Special Housing Needs of Old People

No special "Grouped Dwellings" for old people with a Warden's house close by, such as have been started in some other parts of the County, are available yet in the Rural District.

Slum Clearance

This continues, but the worse cases have been dealt with, and

only five houses were demolished during the year as the result of statutory action. A further eight demolition orders were made, the houses waiting for demolition.

2 *WATER SUPPLIES*

In his report Mr. Hudson gives a full description of the public health features of the six public piped supplies in the District. All are chlorinated.

As regards quality, the results of sampling and bacteriological analysis of the public supplies were satisfactory. Details are set out in the report of the Chief Public Health Inspector, but chemically no opinion can be given about adequacy or otherwise of the flouride content of these waters, since no special analysis for the mineral was made. As members will probably know, because of the amount of interest in this subject in recent years, one part of flouride ion in solution to one million parts of water is the optimum content for encouraging the surface enamel of teeth to develop that degree of hardness which renders it resistant to the acids which could dissolve it, resulting in cavities of "decay." The "acids" result from the quick (starting within seconds) fermentation in the mouth of sugary or starchy foods, especially biscuits and sweets. If like most biscuits and toffee, the food clings to the teeth, this is all the more dangerous. But when these analysis for flouride in other Wiltshire waters have been made, they usually show a flouride content of only about one tenth of the desirable strength.

3 *DRAINAGE AND SEWERAGE*

The villages of Ramsbury and Aldbourne are sewered, and the scheme for sewerage Great Bedwyn was begun in August. Elsewhere only groups of council houses have their own limited small sewage disposal system.

4 *REFUSE AND SALVAGE COLLECTION DISPOSAL*

Please see the report of the Chief Public Health Inspector.

5 *FOOD HYGIENE — GENERAL*

Please see the report of the Chief Public Health Inspector.

Milk

Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analysis by four methods was continued during the year. The methods were :

- (a) Standard Test for Raw Milk for general cleanness and keeping quality.
- (b) Standard Test for Cooked Milks (1) for adequacy of heat treatment of pasteurised milk respectively and (2) Turbidity Test for sterilised milk.
- (c) Biological Tests which consist of inoculation of a "culture "

or of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis.

All the analysis on these milks were carried out at the Public Health Laboratory attached to the Salisbury General Infirmary Pathological Department. Details are given in the report of the Chief Public Health Inspector, but only three out of the 124 samples analysed passed the "Standard Test" while all the samples given a biological test, passed.

In October under the Milk (Special Designation) Regulations, 1960, the Wiltshire County Council became responsible for the statutory sampling and analysis of designated milks.

Ice Cream

Unhappily there is no locally made ice cream sold in the District, it is imported from large manufacturers outside and sold pre-packed. Forty premises are registered for selling this material.

6 *CLEAN AIR*

The Clean Air Act contains valuable provisions to enable Local (Air) Authorities to improve the quality of the air within their districts. Fortunately the Marlborough and Ramsbury Rural District has virtually no problem concerning its air: but the provisions of the Act, and any byelaws which may be made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the few factory chimneys are made, and no action has been necessary.

7 *MEAT INSPECTION*

There is no "Slaughter House" in the District, the chicken and turkey factories are not yet subject to routine "meat inspection." If they were, the burden of work on the Public Health Inspector would be colossal.

8 *SWIMMING FACILITIES*

Although there are rivers within the District, they are not freely available for safe or very satisfactory swimming, especially for learning to swim. A good open air swimming pool is available in the Borough of Marlborough.

I am also very glad to hear from the County Medical Officer of Health and Principal School Medical Officer that a recommendation has been made to the Wiltshire Education Committee that all children should be taught the Holger Neilson method of artificial respiration.

9 *HAIRDRESSERS*

No Byelaws at present control the hygiene of these premises. There is only one in the District.

10 *CARAVANS*

New requirements, and a set of Model Standards are made by the Caravan Sites and Control of Development Act, 1960. There is a note about this, and about Caravan Sites in the District, in the report of the Chief Public Health Inspector.

TABLE VII
FACTORIES ACT, 1937 to 1959

Prescribed particulars on the administration of the Factories Act, 1937,
which concern health.

PART I OF THE ACT

I—INSPECTIONS for purposes of provisions as to health (including inspections made
by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written Notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sec- tions 1; 2, 3, 4 and 6 are to be enforced by Local Authorities†	1	2	2	Nil	Nil	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	25	23	Nil	Nil	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority§ (excluding out-workers' premises)	3					3
Total		27	25	Nil	Nil	

2—CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”)

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which Prosecut- ions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	Referred By H.M. Inspector (6)		
Want of cleanlin- ess (S.1)	4						4
Overcrowding (S.2)	5						5
Unreasonable temperature (S.3)	6						6
Inadequate ventilation (S.4)	7						7
Ineffective drain- age of floors (S.6)	8				L		8
Sanitary Conveniences (S.7)							
(a) Insufficient	9			I			9
(b) Unsuitable or defective	10		N				10
(c) Not separate for sexes	11						11
Other offences against the Act (not including offences relating to Outwork)	12						12
Total	60						60

*e.g. Metropolitan Borough, County Borough, Borough, Urban District, Rural District.

†To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Acts, 1937, are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

§i.e. Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

TABLE VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

<i>Nature of Work</i>	<i>M/c line No</i>	<i>Section 110</i>			<i>Section 111</i>			<i>M/c line No.</i>
		<i>No. of out- workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecu- tions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Wearing { Making etc.	13							13
apparel { Cleaning and Washing	14							14
Household linen	15							15
Lace, lace curtains and nets	16							16
Curtains and furni- ture hangings	17				L			17
Furniture and upholstery	18							18
Electro-plate	19							19
File making	20							20
Brass and Brass articles	21			I				21
Fur pulling	22							22
Iron and steel cables and chains	23							23
Iron and steel anchors and grapnels	24		N					24
Cart gear	25							25
Locks, latches and keys	26							26
Umbrellas, etc.	27							27
Artificial flowers	28							28
Nets, other than wire nets	29							29

<i>Nature of Work</i>	<i>M/c line No</i>	<i>Section 110</i>			<i>Section 111</i>			<i>M/c line No.</i>
		<i>No. of out- workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecu- tions for failure to supply lists</i>	<i>No. of instances of work in unwholc- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Tents	30							30
Sacks	31							31
Racquet and tennis balls	32							32
Paper bags	33							33
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	34				L			34
Brush making	35							35
Pea picking	36							36
Feather sorting	37							37
Carding, etc., of buttons, etc.	38			I				38
Stuffed toys	39							39
Basket making	40							40
Chocolates and sweetmeats	41							41
Cosaques, Christmas crackers, Christmas stockings, etc.	42		N					42
Textile weaving	43							43
Lampshades	44							44
Total	70							70

MARLBOROUGH AND RAMSBURY
RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
Chief Public Health Inspector
FOR THE YEAR
1960

TO THE CHAIRMAN AND MEMBERS OF THE COUNCIL.

Madam Chairman, My Lord, Ladies and Gentlemen,

I have pleasure in presenting my twelfth Annual Report on the activities of the Public Health Department.

As always I take this opportunity of expressing thanks to the members of my Staff without whose co-operation the work would not be carried out so satisfactorily.

I should also like to record my appreciation of the assistance given by Doctor Lishman, Mr. A. G. Hunt and all other members of the Council's staff.

I am, Madam Chairman, My Lord, Ladies and Gentlemen,

Your Obedient Servant,

KENNETH F. HUDSON,

Chief Public Health Inspector

STAFF

Chief Public Health Inspector	K. F. HUDSON, M.A.P.H.I., A.R.S.H.
Additional Public Health Inspector	D. E. ROSS, M.A.P.H.I.
Rodent Officer/Operator	M. W. WELCH
Clerk	MRS. R. JOHNSTON

HOUSING

Over the past year houses have been erected in the following parishes :

<i>Parishes</i>	<i>Private Houses</i>	<i>Council Houses</i>
Aldbourne	8	—
Avebury	1	—
Baydon	7	—
Froxfield	—	4
Great Bedwyn	1	—
Mildenhall	1	—
Ogbourne St. Andrew	1	—
Ogbourne St. George	2	—
Ramsbury	4	3
Shalbourne	1	—
Winterbourne Monkton	1	—
Totals	27	7

Fewer Council houses were built than the year previously. Three of the seven were bungalows intended for older persons.

The scheme for the modernisation of the pre-war Council houses started at the beginning of the year and good progress has been made. The aim is, as far as possible, to give them the same amenities as the post-war houses.

The number of private houses erected was above the yearly average and they were fairly distributed over the district. Preliminary enquiries were made for two sites each accommodating over 30 dwellings. Further consultations on the matter are progressing.

The number of applicants on the waiting list for Council houses is 120, and this figure remains fairly constant. The majority of these applications are from persons who wish to obtain accommodation with more modern amenities. It has been found that small two bedroomed bungalows are increasing in popularity.

SLUM CLEARANCE

Progress is being made, although slowly, with the Council's Slum Clearance Programme. During the year five cottages were demolished and a further eight Demolition Orders made.

The original programme was for 75 dwellings but over the years this has increased to 118. It is hoped to complete the work by 1965.

HOUSING IMPROVEMENT GRANTS

Improvement Grants, both Discretionary and Standard, continue to be granted by the Council. The number of applicants is less than last year but is still a useful contribution to improve housing conditions.

There is no doubt of the usefulness of this method of dealing with improvements especially in a rural district. By taking advantage of the appropriate grant a much higher standard of housing is obtained.

The following table shows where grants were given :

<i>Parish</i>	<i>No. of Houses</i>
Aldbourne	3
Avebury	2
Chilton Foliat	2
East Kennett	1
Froxfield	1
Grafton	2
Great Bedwyn	6
Ham	1
Little Bedwyn	5
Ogbourne St. George	3
Ramsbury	10
Savernake	1
Shalbourne	5
Tidcombe and Fosbury	1
West Overton	2
Total	45

HOUSING SURVEY

The survey of houses in the district was continued during the year. A further general improvement in state of repair was found. It is noticeable that repairs to cottages usually are carried out in conjunction with improvements. Thus, it can be anticipated that as sewers are provided in the villages standards will improve further.

WATER SUPPLIES

There are six piped Public Water Supplies in the district.

AVEBURY SUPPLY

The scheme supplies water to the parishes of Preshute, Fyfield, West Overton, East Kennett, Avebury, Winterbourne Monkton, Berwick Bassett, Winterbourne Bassett and Broad Hinton. The pumping station is situated at Clatford and pumps the water from the lower chalk 150 feet deep to a reservoir on Totterdown. There is also

a balancing tank erected at Broad Hinton. The water is chlorinated at the pumping station. The number of properties connected to the main continues to increase.

BAYDON SUPPLY

This supplies the parish of Baydon and the water is obtained in bulk from the Thames Valley Water Board. Practically the whole of the parish is connected to the mains. The water is chlorinated at the pumping station.

BEDWYN SUPPLY

This scheme supplies water to the villages of Chisbury, Great Bedwyn, Ham, Shalbourne, Wilton and Grafton. It also supplies a farm and several cottages at St. Katharine's in the Pewsey Rural District.

The water is pumped from boreholes at Little Bedwyn to two reservoirs, one at Chisbury and the other at Shalbourne. The water is taken from the lower chalk and is chlorinated at the pumping station.

As this is an extension of the old supply, Chisbury and Great Bedwyn are practically one hundred per cent. connected and good progress is being made with the other villages.

OGBOURNE SUPPLY

The water from this supply is purchased in bulk from the Swindon Corporation from their pumping station at Whitefield, Ogbourne St. George. The water is boosted to a reservoir on the downs and gravitates to the two parishes of Ogbourne St. Andrew and Ogbourne St. George and to the military camp. The majority of the properties in both parishes are connected to the mains. The water is chlorinated at Whitefield.

RAMSBURY SUPPLY

This scheme supplies water to the parishes of Aldbourne, Chilton Foliat, Froxfield, Mildenhall and Ramsbury. The water is pumped from the greensand at Ramsbury to a reservoir north of the village and is chlorinated at the pumping station.

SAVERNAKE SUPPLY

The water for this supply is purchased in bulk from the Borough of Marlborough. The main runs from the top of Postern Hill through the front of Savernake Forest to Iron Gates and supplies Savernake Hospital, two farms and several cottages. The water is chlorinated at the pumping station.

WATER SAMPLES

Samples for chemical and bacteriological examination were taken at regular intervals from various points on the supplies and the results were as follows :

<i>Supply</i>	<i>No. of Samples Taken</i>	<i>No. of Samples Satis- factory</i>	<i>No. of Samples Slightly Unsatis- factory</i>	<i>No. of Samples Not Satis- factory</i>
Avebury	11	11	—	—
Baydon	12	12	—	—
Bedwyn	13	13	—	—
Ogbourne	16	13	3	—
Ramsbury	20	17	3	—
Savernake	12	12	—	—
Totals	84	78	6	—

Out of 84 samples taken, six were found to be slightly unsatisfactory. No obvious reason could be found in either case and it is a coincidence that both cases occurred in February.

Further samples taken since that time have all proved completely satisfactory.

Samples were also taken from private water supplies and the appropriate action taken where necessary.

The water in this area is all from chalk or greensand so there is no risk of plumbo-solvent action.

DRAINAGE AND SEWERAGE

The only two villages as yet provided with main drainage are Ramsbury and Aldbourne. There is a joint works at Whittonditch, Ramsbury, which deals with the sewage.

Further connections were made to both schemes during the year.

A scheme for the village of Great Bedwyn was commenced in August and it is hoped to have it in operation by November of 1961. This is to replace the worn out and defective sullage water system.

In addition, there are a number of Housing Manual Schemes which have been provided for groups of Council houses in various villages.

REFUSE COLLECTION

There is a fortnightly collection of household refuse from all parishes with the exception of a few isolated premises. It is a kerbside collection and taken to Knowle Tip. Difficulties arise in adequately covering the refuse owing to the lack of suitable material for the purpose. The maximum use of ashes in the refuse is carried out.

A Dennis 18 cubic yard Paxit Refuse Collector is used for the collection and this is found to be very suitable for a rural district. Up to 1960 the work of collection and disposal was carried out by a driver and three men. The volume of refuse has, however, increased considerably and it was necessary to engage a further man.

SALVAGE COLLECTION AND DISPOSAL

Salvage is collected at the same time as the household refuse, namely once a fortnight.

The amount of waste paper collected and baled was approximately 24 tons more than 1959, an increase of 27 per cent. This I consider an excellent year's achievement and reflects great credit on the refuse men. The price per ton received for paper remained constant.

Twenty-two tons of ferrous metals were sold during the year, an increase on the previous one. The price received per ton was raised during the year. There is little profit in handling this material, but its removal greatly assists consolidation of the refuse tip.

The following table shows the quantity of salvage collected and the price received for the years 1959 to 1960 :

	1959							1960						
	Weight				Value			Weight				Value		
	T	C	Q	LB	£	s.	d.	T	C	Q	LB	£	s.	d.
Paper	87	16	2	0	567	10	6	111	12	1	0	735	16	8
Rags		14	0	8	11	19	2		8	0	17	4	17	10
Scrap														
Iron	17	4	1	19	43	17	6	22	2	1	14	50	11	8
Totals	105	14	3	27	623	7	2	134	2	3	3	791	6	2

DAMAGE BY PESTS ACT

Twenty-four farmers are receiving regular treatments for the destruction of rats and mice on their farms and this service is appreciated.

Warfarin mixed with medium oatmeal is the bait used and still continues to be highly effective.

Although the total number of visits was lower a higher proportion of time was spent on farm work.

The following table shows the type of visits made during the year :

	Local Author- ities	Private Proper- ties	Farms	Business Proper- ties	Total
No. of inspections made	46	872	491	70	1479
No. of properties inspected	17	859	214	70	1160
No. of properties infested by rats	4	267	106	14	391
No. of properties infested by mice	—	8	—	2	10
No. of treat- ments	26	275	106	16	423
Total No. of visits made under the Damage by Pests Acts, 1949					3371

TENTS, VANS AND SHEDS

During the year the Caravan Sites and Control of Development Act, 1960, came into being. In this district there are two residential sites, one holiday site and thirteen sites occupied by individual caravans. None of the sites is large and it is not anticipated that there will be any difficulty in securing compliance with the Model Standards. It is apparent that site operators were expecting some such legislation and do not consider the Model Standards unreasonable.

FOOD

FOOD PREMISES

<i>Type of Business</i>	
Bakehouses	7
Butchers	5
Cafes	7
Caterers (Licensed)	4
Confectioners	6
Fishmongers	1
Greengrocers	1
Grocers	41
Public Houses	26
Others	3
Total	101

REGISTERED PREMISES

No. of Premises registered under Section 16 of the Food and Drugs Act, 1955, for the sale of ice-cream 40
(Note: These are all registered for the retail of pre-packed ice-cream only)

No. of Premises registered under Section 16 of the Food and Drugs Act, 1955, for the manufacture of preserved foods 6

INSPECTION OF PREMISES

No. of visits to :

(a)	Bakehouses	13
(b)	Butcher's Shops	12
(c)	Cafes, etc.	32
(d)	Other Food Premises	191

The majority of food premises in this district are small village shops, selling pre-packed foods mainly. The quantity of frozen foods being sold is increasing and the tendency to overfill refrigerated cabinets was again noted.

There are four transport cafes in the area, one of which operates 24 hours a day. Conditions are reasonable considering the difficulties

in obtaining suitable staff to work long and late hours in outlying districts.

The turkey station has continued to expand and modernise. Approximately one half of the output is now “oven ready” and the birds are prepared on a mechanical line.

The general standard of hygiene in the district has been maintained if not improved and there is a distinct trend, voluntarily, to improve food premises structurally.

INSPECTION OF FOOD

MEAT

All meat consumed in this district is bought from abattoirs outside the area.

MILK SAMPLING

No. of Dairies registered under the Milk and Dairy Regulations, 1949-54	....	....	....	....	....	....	6
No. of Distributors registered under the Milk and Dairy Regulations, 1949-54	....	....	....	....	....	....	7
Dealer's Licences for Tuberculin Tested Milk	....	....	....	....	....	....	10
Dealer's Licences for Pasteurised Milk	....	....	....	....	....	....	9
Dealer's Licences for Sterilised Milk	....	....	....	....	....	....	2
Supplementary Licences for Tuberculin Tested Milk	....	....	....	....	....	....	6
Supplementary Licences for Pasteurised Milk	....	....	....	....	....	....	6
Supplementary Licences for Sterilised Milk	....	....	....	....	....	....	2

The following table shows the number of routine samples taken during the year :

Designation	Standard Test		Biological			
	Satisfactory	Unsatisfactory	T.B.		Br. abortus	
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Designated Raw	37	1	32	—	25	—
Pasteurised/ Sterilised	84	2	7	—	7	—
Totals	121	3	39	—	32	—

From this table it may be seen that of 124 samples of milk submitted for analysis only three failed the statutory test. In the case of the raw milk the failure was due to a worn out bottling machine which has been replaced. No explanation could be found for the two heat treated milks that failed the test.

As a general rule all raw milk samples are submitted for biological as well as statutory examination. This year all samples were found to be negative. It is interesting to note that of 51 samples to which

the Ring Test for Br. abortus was applied 18 were positive. These could, of course, have been the result of vaccination, which is becoming more and more a common practice.

There was one suspected case of brucellosis in the district during the year. The person concerned was a cowman but the infection could not be traced back to the consumption of infected milk.

Towards the end of the year licensing, and the sampling associated with it, became the responsibility of the County Council as Food and Drugs Authority. The simplified licensing procedure will be welcomed by everybody. However, it is difficult to see how sampling can be done any more efficiently than it has been hitherto.

FACTORIES ACT

No. of Premises :					
Bakehouses	....	....	....	....	6
Butchers	....	....	....	....	4
Builders' Yards	....	....	....	....	7
Garages	....	....	....	....	7
Others	....	....	....	....	3
					—
					27
					—
No. of Inspections — 33					

As can be seen, the majority of the factories are small bakehouses, butchers, etc. All are kept in conformity with the Factories Act.

SUMMARY OF INSPECTIONS MADE DURING THE YEAR 1960

Bakehouses	....	....	....	....	....	....	....	13
Butcher's Shops	....	....	....	....	....	....	....	12
Cafes, etc.	....	....	....	....	....	....	....	32
Council House Enquiries	....	....	....	....	....	....	....	14
Diseases of Animals (Waste Foods) Order, 1957	....	....	....	....	....	....	....	5
Drainage	....	....	....	....	....	....	....	595
Factories	....	....	....	....	....	....	....	33
Food Premises....	....	....	....	....	....	....	....	191
Housing and Housing Improvement Grants	....	....	....	....	....	....	....	1221
Infectious Diseases	....	....	....	....	....	....	....	49
Milk Samples	....	....	....	....	....	....	....	154
Milk and Dairies	....	....	....	....	....	....	....	7
New Buildings....	....	....	....	....	....	....	....	115
Nuisances	....	....	....	....	....	....	....	48
Petroleum	....	....	....	....	....	....	....	77
Rats and Mice — Inspections and Treatments	....	....	....	....	....	....	....	1857
Refuse Collection	....	....	....	....	....	....	....	204
Slaughterhouses	....	....	....	....	....	....	....	2
Tents, Vans and Sheds								23
Town Planning								57
Water Supply								5
Water Samples								88
Unclassified								66
								—
								4868
								—

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